Name:_____ DOB: _____

Hepatitis STD Programs Screening Form

I: Hepatitis C and B Lab Testing Programs – Qualifying Risk Factors

1.	Have you ever injected drugs not prescribed by a doctor?	Yes	No	**If YES to one or more** (questions 1-8), client is eligible for **FREE** HCV & HBV testing and **FREE** vaccine. (Hep B) -Must be 19 years of age or older for vaccine. **Service Slip: enter manufacturer & lot # for CPT Code for appropriate age. Write P under Funding Source column.** **At conclusion of each STD Clinic, for those clients who have lab tests drawn (see third box below):** **Yes____ No_____** **If Yes:** **Support Staff FAX this form to KS/attn.: Hep C/B Program:** **703-385-3681**
2.	Are you HIV-positive?	Yes	No	
3.	Have you ever had a transfusion of blood or blood products?	Yes	No	
4.	Have you ever been diagnosed with hemophilia?	Yes	No	
5.	Have you ever had sex with and/or living with someone who has Hepatitis C?	Yes	No	
6.	Have you ever had sex with and/or living with someone who has Hepatitis B?	Yes	No	
7.	Are you currently receiving dialysis for kidney problems?	Yes	No	
8.	*Men only:* Have you ever had sex with another man?	Yes	No	

If all **NO** above, proceed to Hepatitis B Vaccine Program below (eligible for adult HBV vaccine).

II: Hepatitis B Vaccine Program

9.	Are you 19 years of age or older?	Yes	No **STOP HERE**	Must be 19 years of age or older for vaccine.
10.	Have you ever had Hepatitis B Vaccine? Series? Dose 1_____ Dose 2 Dose 3	Yes	No	

III: *Clinic Use Only* Services Provided

Blood Drawn: Hep C testing? ❑ Yes Date: _____ ❑ No

Hep B testing? ❑ Yes Date: _____ ❑ No

Vaccine (Hep B) Dose 1 Given? ❑ Yes Date:_____ ❑ No

Declined vaccine: Date _____ Previously vaccinated for hepatitis B? ❑ Yes ❑ No

Comments: _____

Client Name: _____ PIN: _____ DOB: _____

Clinician Signature _____ Date of Visit _____

Screening site: *(circle one)* JWHC MVDO HRDO SDO ADO